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The Unwanted Possession: The Origin of Monsters from a Psychoanalytical Point of View

This article is concerned with the occurrence of monsters in mental life, especially as revealed in the material of psychoanalytic patients. The author gives a brief review of psychoanalytic theories with reference to changing concepts of such monsters. She maintains that, in many instances, monsters represent an objectification of that part of a person's self which is felt to be repulsive. Refering to her own work she describes how, when this phenomenon occurs, the patient needs to be helped to confront the abhorrent self and to examine the real and imaginary experience which led to or fostered its existence.

As a psychoanalyst I entertain little doubt about the existence of certain monster types. Clinical sightings are frequent. The evidence for their existence is confirmed daily, though I can produce no plaster casts of giant footprints, no hair samples, no fuzzy photographs. Over the past two or three years I have developed some ideas based on one particular clinical observation: people in psychoanalytic treatment frequently produce some kind of monster as the essential patient.[1] The monsters of which I speak are products of the human imagination. They do not all possess human form. Often, in fact, they depart from it in being of strange, grotesque, or horrible aspect, thereby creating a response of dread, repulsion, or ridicule. They are phantastic images which occur to individuals by which the self experiences itself as lacking humanity, as unnaturally evil, stupid, or ill. They can be arranged in a rough hierarchy according to their degree of unnaturalness and deviation from human sensibility, and their position in the hierarchy tends to correspond to the severity of the patient's disturbance.

At one extreme comes the least human, the animate "thing," usually the product of schizophrenic delusion: examples would be a judgemental television set, a malevolent machine, a robot devoid of human feeling. Next are the half-alive half-dead, such as Frankenstein's monster, the walking dead, the vampire. Devils, demons, and witches share attributes of unnatural power and malevolence; that is, they lack normal human limitations. Next come animal forms, of which the furthest from human are insect and reptilian forms. The chimera and were-animals are partly human, and the closest to

man are the mammals. The significance of this is that it is less disturbing to resemble, or to be identified with, a lion than with a werewolf or a snake. Finally, there are human beings distinguished by distortion of form, character, or behaviour. These include criminals, giants, and cripples and can be permanent in form or alternating like Robert Louis Stevenson's Dr. Jekyll and Mr. Hyde. Remember, I speak not of "real" giants, criminals, or beasts, but of those produced by human phantasy and encountered in the psychoanalytic setting.

How then does the psychoanalyst encounter the monster? Mainly in the dreams of patients, but also in daytime fantasy. It also frequently occurs in children's play. It can be a self description, and it is sometimes a designation by others of the patient. In summary, a patient may see himself as a monster, or he may view others as such, yet fear to become like them or fear attack from them in nightmares or in reality. The word "monster" is used frequently but not invariably. It may be replaced by others from the category described above, such as devil, demon, beast, or creature. Whatever it is, it is abhorrent to the person seeking help, for it is seen as harmful—it is an unwanted possession. Often, the first request of the applicant for treatment is its removal: the reaction to it is a phobic one and the cure to be hoped for is exorcism.

Interestingly, this is exactly what the founder of psychoanalysis first attempted to do. In the book, *Studies on Hysteria*,[2] Freud describes the case of his patient Frau Emmy von N., who suffered from symptoms of "zoopsia, macropsia and zoophobia"; that is, she saw animals that were not really present, they grew larger in size, and she feared them. This occurred in dreams and wakefulness alike. In one dream she described to Freud, "The legs and arms of the chairs were all turned into snakes; a monster with a vulture's beak was tearing and eating at her all over her body. . . ." He attempted to cure her of this and other unpleasant experiences by wiping out the memories in a series of daily hypnotic sessions. But he reproached himself for failing to enquire into the significance, symbolic or otherwise, of Frau Emmy's fear of animals. Psychoanalysis was not yet born.

The first phase of psychoanalytic thinking was dominated by instinct theory in which Freud envisaged the sexual instinct as a kind of forceful, motivating current of tension capable of accumulation, being dammed up, or turned back, which moulded the course of individual human development. It expressed itself by attempts to reduce tension in special ways at special times in relation to particular objects. For instance, in the period of infancy, instinctual tension was relieved by using the mouth to suck at the breast (or breast substitute). Similarly, Freud described stages of maturity at which different gratifications were sought and expressed in ways appropriate to the phase reached. He formulated that the mature sexual instinct

was formed from components which came apart in the perversions, hence the "polymorphous perverse" nature of children.[3] Thus the childish expression of instinct was characterized by a total lack of limitation. Impulses could be directed at any part of the body, any orifice, to any being, animal or human, of either sex, any family, and any generation. Further limitations of reality had not yet been accepted: wishful impulses were expressed for the sex organs of the opposite sex, flying could be possible, as could transformations. The wish, in fact, is supreme. In 1897, Freud wrote a letter to his friend Fliess describing the resemblance of witch and devil cults to children's play and to the perversions.[4] In this age of licence, Freud also pointed out that death wishes could be, and were, freely expressed towards any agency which thwarted wishful gratification.[5] But in normal development, shame and pity gradually brought about the limitation of component instincts of cruelty, voyeurism, and exhibitionism. Fear of castration from the father limited incestuous wishes towards the mother. Further development led to energy being diverted into the maintainance of a repressive barrier by which adults became unaware of their previous primitive functioning, which continued to exist only in disguised, symbolic form in dreams.

In illness, Freud proposed that the individual became sick because of a frustration to the phase-appropriate instinctual gratification. The sexual instinct would then seek to express itself at a more primitive level; that is, regression would occur. This could take place in phantasy, which was most common in neurotic illness, accompanied by painful conflict due to shame and pity. Or worse, it could be acted out in the perversions, which would lead to reactions of horror in others, the perverse person being apparently unaffected by pity and shame and fixated to permanent, infantile erotic excitement. In his first reference to the Oedipus drama in 1897, Freud said,

> Each member of the audience was once, in germ and in phantasy, just such an Oedipus, and each one recoils in horror from the dream-fulfillment here transplanted into reality, with the whole quota of repression which separates his infantile state from his present one.[6]

It follows from this that instinctually regressive behaviour would be unacceptable to the civilized adult, not so much because it is harmful, but because it is shameful and abnormal and ought to have been renounced. Freud saw conscience as the development of the prohibition of early, outgrown impulses. People who dreamed of forbidden activity and those who carried it out alike would be regarded as monsters and were quite frequently described so. This was not peculiar to neurotic and perverse patients de-

scribed by Freud but was part of late-nineteenth-century culture. For instance, Krafft Ebing described a gardener's boy whose sexual life was restricted to intercourse with rabbits as "this human monster."[7]

In this framework, animals were often convenient symbols for repressed instinctual impulses and were thought to represent them in dreams. In a more complicated way, possession and transformation were seen as defenses against the owning of unacceptable impulses. Early on, in another letter, Freud claimed that the "theory of possession. . .was identical with our theory of a foreign body and a splitting of consciousness."[8] Both possession and transformation to animal form allowed partial disavowal of responsibility for the particular behaviour conjectured, which would be considered "normal" to the shape shifted to or the possessing spirit. Karl Abraham, a contemporary of Freud, further elaborated the instinctual phases. He divided the first, or oral, phase into sucking and biting stages, the latter of which was characterized by desires to bite and devour the object, which Abraham considered to be crucial in the development of depressive illness. He said:

> We see the cannibalistic wish-phantasies very clearly expressed in one particular form of depressive delusion. This delusion was extraordinarily widespread among people in the past and has not wholly disappeared even at present. It is that of being transformed into a wild, man-eating animal—a werewolf. The older psychiatry was so familiar with this delusional self-accusation that it gave to this particular form of "possession" the name of *lycanthropy*.[9]

Nandor Fodor discusses lycanthropy as a mental mechanism whereby destructive or orgiastic impulses can be expressed without guilt by the adoption of alternate identity. He describes a jackal dance, witnessed by someone in Southern Rhodesia, in which there was an orgiastic climax enabling the participants to undergo an "evolutionary regression."[10] Ernest Jones used the same instinctual model. In his monograph, *On The Nightmare*, he discussed the creations of medieval superstition encountered in dream and phantasy, such as vampires, werewolves, demons, and witches, and classified them as phobias, the latent content of which represent elements of infantile, incestuous, and (he also implied) authority-defying wishes.[11]

Some recent American authors explain their cases according to the same model. Galvin describes a case of bewitchment in a seventeen year old Spanish-American girl whose "possession" is explained as a means of expression of regressive dependency needs and incestuous wishes in place of

moving into adulthood. Responsibility for this state of affairs could be assigned to a certain aunt, who was held responsible for the bewitchment.[12] Vanden Bergh and Kelly review cases of vampirism (blood-letting and blood-sucking perversion) in terms of regression and fixation to the phase of oral sadism with justification of castration and murderous phantasies and acts found attractive as "forbidden fruit."[13] Arnold Ludwig assigns a psychiatric diagnosis to each of five cases of possession attributed by others to witchcraft.[14] He accepts the Freud-Jones explanation that demoniacal possession is the result of a breakthrough of forbidden, repressed, sexual, incestuous impulses.

Later evolution of psychoanalytic thought led to more psychological and less physical models of mental functioning than instinct theory. According to Freud's structural theory the mental apparatus had two parts or agencies, the id and ego, related respectively to internal and external processes and, in some measure, also to past and future.[15] An internal world formed by the ego was postulated to contain certain portions of the external world, primarily that part of parental authority and supervision with which the ego identified and which therefore became differentiated as the super-ego.[16] The notion of an inner world as an assumptive world corresponding in certain respects (according to the adequacy of ego functioning) to the subject's experience of himself and his objects expanded to become the special, unique objective of psychoanalytic study. It is now postulated that, by careful attention to psychoanalytic technique in the psychoanalytic setting, the analyst becomes receptive to the patients projections in the transference situation: the analyst passively gets to know and is able to interpret back to the patient the roles that he has become accustomed to expect from the significant others in his life. Thus, it is possible to be invited to share the particular psychic reality of each patient as it has been moulded by phantasies and by the revision of phantasies and their interplay with actual experience into the "myth" by which each person operates.

In this model, reduction of instinctual tension as the prime motivating force is replaced by the need to seek satisfaction through object relationships. Instinctual aims and phases are not abandoned in this theory but are seen as subservient to the type and level of particular relationships. Also, instead of one sexual instinct regulating relationships, Freud later conceived there to be two classes of instinct, called the life and death instincts, whose balance was crucial in human development.[17] It is obvious that an individual can have, at any one moment, differing sorts of relationships with different sorts of object. Ronald Fairbairn modified Freud's structural theory, proposing an internal world consisting of a number of internal objects which could be formed according to the union of parts of the ego with different types of object. Separate entities arose according to the objects' capacities to excite

or frustrate the subject.[18] The inner world could then contain internal objects which partly arose from the original ego and partly from its experience with an object, either real or imagined. They might not be clearly classifiable as either self or other, and they could be identified with or repudiated at differing points in time. This was one way to conceptualize an internalized relationship. In somewhat similar fashion, Melanie Klein and her followers proposed that internal objects were formed from interactional sequences of projection and subsequent introjection of objects altered by projection of parts of the subject. These, too, would be difficult to assign definitely to self or to other categories. Kernberg similarly observed in certain patients a switching of "ego states" which seemed to represent a conflict between acting out an impulse and the specific reaction to it which he suggested could be understood as an oscillation between these ego states representing "non-metabolized" object relationships.[19]

In case this seems dry and far from the subject, let me enliven it by quoting from an early paper by Melanie Klein. In previous papers she had drawn attention to one principal mechanism, found alike in dreams and in the play of children, whereby different identifications can be separated and personified and thus worked over in phantasy.[20] In a paper on the development of conscience in the child she wrote that

> the man-eating wolf, the fire spewing dragon and all the evil monsters out of myths flourish and exert their unconscious influence in the phantasy of each individual child, and it feels itself persecuted and threatened by those evil shapes.[21]

Further, she said that "the real objects behind those imaginary, terrifying figures are the child's own parents, and that those dreadful shapes reflect the features of its father and mother, however distorted and phantastic the resemblance may be."[22] The evil and distorted shapes were not realistically arrived at perceptions of the parents, but were seen as distorted by projection onto them of the child's phantasies of violence against the parents, against which they might retaliate. Klein also described the adverse effect on the young child who identifies with a misperceived and distorted perception of the parent. More recently, Winnicott has written about the influence on the developing child of his image reflected in his mother's eyes, and Bion has written a great deal about the genesis of what he has called bizarre objects, compounded partly of real objects and partly of fragments of personality, which are characteristically found in patients' delusions.[23]

In the clinical example which follows I will try to show how a patient,

Jane, came to identify a monstrous creature and a victim in the relationship between herself and her mother.

Jane was fourteen when she was expelled from boarding school after an overdose. She had left a note to a schoolfriend, which read in part, "Everyone thinks I'm killing Mummy. I'm wicked and I'm cruel but I can't stop myself. What is inside me is like a cancer eating at my heart and feelings." Jane was very thin, ill-looking girl. Outside the analysis she spent her time inactive in her room, attempts to get her to study or go to school having failed. On the couch, she lay inert and silent most of the time. But she had a repulsive habit of incessantly clawing with the nails of her left hand at the back of her right hand: the skin was a mass of scabs, scars, and raw bleeding areas, sickening to behold. She showed no improvement and in fact grew worse, in that she stopped eating altogether at weekends when I was absent and on one occasion lost the use of her legs when I was away. She was subsequently admitted to hospital, and we continued the analysis there. One night, at a time of great distress when Jane spent most of her time sobbing, she had the following dream in four scenes:

1. She was threatened by someone in a white coat to be turned out of a supermarket because she was a monster.
2. She opened a library door and caught a glimpse of a huge, scaly dragon with claws; terrified, she ran away.
3. She was in a round room, trying to find material to cover the windows so as to obscure the view of prowling monsters outside.
4. She was a beggar, wandering on a beach, with some hippies.

Associations and transference implications of this dream over the following days led us to the core of Jane's illness. This was a persistent and disturbing phantasy of herself as a clawing monster, causing injury to her mother's breast resulting in the danger of her own death by starvation or poison.

The phantasy contained fragments of historic truth in that we discovered that Jane's mother had suffered from both a depressive illness and a breast abscess in Jane's infancy. This had resulted in sudden weaning for Jane. Jane had recently watched a baby sister nursing at the breast and remembered how the baby's fingers curled and uncurled on its surface, a gentler movement but otherwise identical with Jane's clawing. She had also heard from her mother that she had suffered from a scaly scalp as a baby, another feature of the dragon. She was haunted by the fear of rejection based on the kind of monster she saw herself to be.

My impression was that the image of Jane's mother (who was, in the first place, regarded as unfeeling and ungiving) seemed to become distorted by massive projection into it of frantic activity, originally intended as a mobi-

lization, to such an extent that Jane experienced it as hostile and saw it as needing to withdraw. This left her shrunken and helpless and having lost all capacity to act. By comparison, the maternal image is inflated by the addition of large parts of Jane's personality, including her perception and energy. Suddenly, positions are exchanged as Jane seems to see herself in her mother's eyes as an insensitive, clawing, and demanding child. Hospital staff observed that Jane would become excessively depressed when she received any gift: she would feel herself to be unduly demanding. At these moments, the mother image must have been experienced as ripped apart, full of holes and in danger of not being able to hold her. This also was reflected in hospital life in several ways, some quite concrete. One day, for example, Jane saw an exit sign over a door and promptly exited, to become lost in the street. Recoiling in horror from herself as monster, she would hurl the hateful identity back at her mother and flee. This she finally did, from the hospital and from the analysis.

She was excessively helpless, since both perception and activity were felt to be destructive and needing to be renounced. Even her needs had to be renounced. The alternative was to find the monster back inside herself, greedy and demanding, which was most likely to happen when she herself wanted to undertake a maternal identity. This explained, to some extent, why Jane broke down at puberty. Her unending dilemma seemed to revolve around a relationship where one was inevitably cast as prey, the other as predator. Was Jane unduly aggressive or was her mother inaccessible? Was she in danger of starving while her mother waxed and flourished on what Jane had given her, or had Jane greedily drained and depleted a previously benevolent breast and thus exiled herself from the source of supply, as in the supermarket image? When she ran away, it was to the promise of superabundant mothering from a long lost Nanny who turned up to visit her at the hospital. But this dream failed, for the Nanny was married and preoccupied with her own children.

I saw Jane again about four years later. She no longer appeared as vulnerable as when I had known her. But she told me she was no better: "It's just that I've grown a hard skin." She had become a registered heroin addict. It struck me that she had adopted a lifestyle which represented both sides of the relationship, just as her clawing gesture had done. The hard-skinned dragon was represented on the outside—her skin was scarred from old scabs and new ones from the injections and abscesses connected with them. Inside, the starving, vulnerable, helpless self was kept that way in a narcotic trance.

My purpose has been to try to show, however briefly, that a certain kind of disturbing phantasy of a monster, embodying one side of an unhappy relationship, can be presented to the analyst as the real instigator of illness. The creation and discovery of the monster is an achievement by the patient

and is helpful to the analysis. It reveals precisely the source and nature of the patient's sense of guilt and outlines the harm he feels he might have done and may still feel trapped and tempted into doing. This is then available for examination in the analysis. At the same time, the monster serves a defensive purpose, for it can be separated from the self and disowned as "not me, but in control of me," as is quite often the case with psychotic patients. And, if it is accepted as within the self, it can yet be regarded as a foreign body for whom the self is not responsible and who, in any case, is only doing as its nature dictates. This is the usual situation in cases of possession. But the fact that the remainder of the personality can be experienced in such cases as innocent, even benevolent, can sometimes help the individual to join forces with a partner, in this case the analyst, and to persist in the struggle with the monster.

Getting rid of part of the personality is impoverishing and is largely how the monster tends to come about in the first place. The analytic task is ultimately the integration of the aspects it represents within the personality. There is no need to detail this process; I will say only that these monsters are timid and elusive by nature. They are hated and unwelcome to their possessor, being experienced as hateful, but they need to be persuaded to stay and be studied. Their role must even be accepted for a time by the analyst, who needs to be strong to accept the experience of himself or herself as cruel, demanding, or hateful. They can only be integrated by understanding the circumstances which have called them into being. When all this becomes clear, the patient is able to dismantle his creation and redistribute the assets and liabilities that it has held for him.

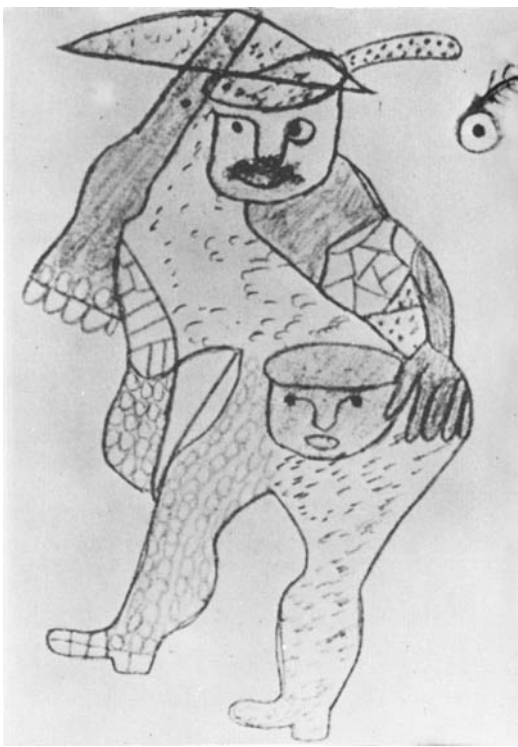
Psychiatrically speaking, one could say about the monster, and about the monstrous state, that the neurotic fears it, the perverse person enjoys it compulsively, and the psychotic dreads it and experiences it as real. It may be identified with, and certain patients may even believe, as in lycanthropy, that they have been transformed into a werewolf, a demon, a monster. An understanding of these delusionary, psychotic fictions can tell us something about the role of the monster in the imagination, and about the compulsion, in some perversions, to act out certain phantasies.

Real humanoid monsters, the subject of this conference, have always existed. Some are the sad result of congenital abnormality. Others populate the unknown world and the edges of the known world. At times they have been no more than unknown or little known neighbours made monstrous by a frightened imagination but eventually known and understood. At other times they have been exotic amalgams of beast and man, and their reality is more uncertain. But to a psychoanalyst, the essential issue is the meaning and importance of strange and hybrid creatures in mental functioning. In this respect, there can be no doubt about their existence.

Notes

1. I have previously expressed these ideas in an unpublished paper, "The Unwanted Possession: Evidence for the Existence of an Id Representation in Mental Life and Its Consequences" (1977).
2. References to Freud's works are to volumes in The Standard Edition of the Complete Psychological Works of Sigmund Freud, translated under the general editorship of James Strachey in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson (London: Hogarth Press and the Institute of Psychoanalysis, 1953). *Studies on Hysteria* (1893–95) is S.E. (Standard Edition) 2.
3. All this was described in *Three Essays on the Theory of Sexuality* (1905) S.E. 7.
4. *Extracts from the Fliess Papers* (1950 [1882–99]) S.E. 1, pp. 242, 243.
5. Ibid., Draft N, p. 255.
6. Ibid., p. 265.
7. R.F. von Krafft Ebing, *Psychopathia Sexualis* (New York: Bell, 1965).
8. *Fliess Papers*, p. 242.
9. Karl Abraham, *Selected Papers on Psycho-Analysis* (New York: Hogarth Press, 1968).
10. Nandor Fodor, "Lycanthropy as a Psychic Mechanism," *Journal of American Folklore* 58 (1945).
11. (London: Hogarth Press, 1931).
12. J. Galvin, "A Case of Witchcraft," *Journal of Nervous and Mental Disorders* 133 (1961): 161–68.
13. R.L. Vanden Bergh and J.F. Kelly, "Vampirism: A Review with New Observations," *Archives of General Psychiatry* 11 (1964): 543–47.
14. Arnold M. Ludwig, "Witchcraft Today," *Diseases of the Nervous System* 26 (1965): 288–91.
15. *The Ego and the Id* (1923) S.E. 19.
16. *An Outline of Psycho-Analysis* (1940) S.E. 23.
17. *New Introductory Letters on Psycho-Analysis* (1933) S.E. 22.
18. Ronald D. Fairbairn, *Psychoanalytic Studies of the Personality* (London: Tavistock, 1952).
19. O. Kernberg, "Structural Derivatives of Object Relationships," *International Journal of Psycho-Analysis* 47 (1966): 236–53.
20. See Melanie Klein, "Personification in the Play of Children" (1929) and "The Psychological Principles of Early Analysis" (1926) collected in *Love, Hate and Reparation and Other Works* (London: Hogarth Press, 1975).
21. "The Early Development of the Child," (1933) in ibid.
22. Ibid., p. 249.
23. D.W. Winnicott, "Mirror-Role of Mother and Family in Child Development," in *The Predicament of the Family*, ed. P. Lomas (London: Hogarth Press, 1967) and W.R. Bion, *Second Thoughts: Selected Papers on Psychoanalysis* (New York: Jason Aronson, 1967).

Plates 13-15. These drawings, made by a psychotic patient, show "William Tell" and his son; the boy is engulfed by the adult, losing his separate features and forming a composite figure, thereby being both devoured and transformed into a monster.



Wilfrida Ann Mully discusses the occurence of monsters in the mental life of patients undergoing psychoanalysis on pages 37-46.